

# HHI Update

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## HHI Update

Abt Associates Inc.

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## Hello!

Greetings! This is the first issue of a newsletter designed to provide updates, news, and information about the Home Health Independence [HHI] Demonstration.

**What is that?** The Home Health Independence Demonstration was launched on October 4, 2004 and is open to Medicare beneficiaries in three states: Massachusetts, Missouri, and Colorado. The demonstration was mandated under Section 702 of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003 (Public Law 108-173) for the purpose of determining how changing the definition of the "homebound" eligibility criterion for Medicare home health services would affect the use of such services, the health outcomes, and the satisfaction of Medicare beneficiaries with severe disabilities who otherwise would not be eligible for those

services. Under Section 702, Medicare beneficiaries with severe chronic conditions can be considered homebound and eligible for Medicare home health services without regard to purpose, frequency, or duration of their absences from home.

**Need more information?** For more information about the demonstration you can go to our website:

<http://cms.hhs.gov/researchers/demos/homehealthindependence.asp>.

**Who are you?** Abt Associates Inc., a social science research firm located in Cambridge, Massachusetts is assisting the Centers for Medicare and Medicaid Services (CMS) with the implementation of the demonstration.

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## Report from the Field: One Agency's Experience with the Demonstration

Recently, *HHI Update* spoke with Trish Harris, RN, BSN about her agency's experience with the Home Health Independence Demonstration. Ms. Harris is Director of Professional Services at Prospect Home Care and Hospice in Colorado.

### HHI Update: How did you hear about the Home Health Independence Demonstration?

Trish Harris: We originally learned of the demonstration through either the Medicare Newline or the NAHC [National Association for Home Care and Hospice] website. We heard that Colorado was one of the three states selected for the demonstration, so my administrator and I participated in the startup conference call. As we listened to the call, I immediately thought of a patient who would be appropriate for the demonstration.

### HHI Update: Was this a patient who was currently receiving services from your agency?

Trish Harris: We previously had the patient on service, but had to discharge her because she no longer met the homebound requirement for receiving Medicare home health. The patient still required skilled nursing services, and the physician couldn't perform the services in an office setting. So the family was required to pay out of pocket for a private nurse because they did not want to keep the patient homebound. Fortunately, this family was able to do so, whereas most families could not take on this financial burden. I called the patient, told her about the demonstration, and asked if she would be interested in participating. Both the patient and the family were very pleased.

(Report from the Field, continued on page 2)

The second round of Demonstration Dialogue conference calls with home health agencies, referring providers, and beneficiary advocacy groups took place in December, 2004. Two conference calls were held in each demonstration state, conducted by staff from the central office of the Centers for Medicare and Medicaid Services (CMS) in Baltimore, MD; staff from the CMS regional offices (ROs) in Boston, MA, Denver, CO, and Kansas City, MO; and staff from Abt Associates Inc.

During the conference calls, CMS staff made a brief presentation on the design

and current status of the Demonstration and then opened the call to questions. A few of the issues raised during these calls are presented below:

Issue:

*Many patients who aren't homebound are receiving care through Medicaid. Can they receive home health care through Medicare in the Demonstration?*

Discussion: If:

- a person is eligible for both Medicare and Medicaid, and

- s/he meets all coverage and eligibility criteria for Medicare home health except for being considered homebound, and
- s/he is therefore receiving home health care through Medicaid, and
- s/he meets the eligibility criteria for the demonstration - then

that individual can be enrolled in the demonstration by a participating home health provider and his/her covered home health care can be covered by Medicare.

*(Conference Call Highlights, continued on page 4)*

**(Report from the Field, continued from page 1)**

**HHI Update: What type of activities is the patient able to participate in because of the demonstration?**

Trish Harris: The family is able to take their mother out to go shopping, to the mall, and out to restaurants for lunch and dinner with the family. These outings mean a lot to her and they put in a great deal of effort to take her out of the house for activities. Without the demonstration, they would have to choose between continuing to pay for private pay nursing services or having the patient stay home to be eligible for Medicare home care. The family really didn't want to keep the patient inside. She has a disability, but she is very active mentally, and being able to go out and participate in life is important for her well-being.

**HHI Update: What was the process of enrolling the beneficiary in the demonstration like for your agency? Did you encounter any difficulties?**

Trish Harris: I thought there would be a catch to the program – I actually thought it sounded too good to be true. I was also concerned that the demonstration would be another thing to learn, there would be too much paperwork, and it just would be one more thing to burden my staff. But none of these things turned out to be true. It was easy to enroll – in fact it was hard to believe it is so easy to enroll someone. The process was pretty cut and dried and everything we needed to do was spelled out. When I told the physician about the demonstration and asked her to sign the orders for the patient, she was all in favor.

We did have one glitch with the billing, I knew that "HHDEMO" had to be included in the "Remarks" section of the claim, but we had a new billing person so there was a problem. The person from Abt has been great, though, and helped us straighten it out. Now the agency billing is computerized and it's all automatic.

**HHI Update: Does your agency have other patients that might be appropriate for the demonstration?**

Trish Harris: I don't think we do right now. I am on the lookout for other patients. It's difficult to access care where we are located because it's a rural mountainous area, so I had the local newspapers run an article on the demonstration, but we haven't had any other inquiries. We thought we had another patient, but it turned out he didn't have the right kind of Medicare coverage.

**HHI Update: What would you tell other agencies about participating in the demonstration?**

Trish Harris: I would tell other agencies that they should evaluate participation in the demonstration on a case-by-case basis. The demonstration can potentially be a good or bad thing for an agency, financially. Agencies might be concerned that these types of patients can be expensive to take on – that they will be unstable, with frequent re-hospitalizations. But they need to understand that this is not always the case. Also, many of the patients we care for have similar issues; this is not a good reason to avoid bringing them on service. I was initially concerned about putting the



*Trish Harris, Director of Professional Services, Prospect Home Care and Hospice*

agency in a position where we would end up being responsible for providing a lot of services, but the agency breaks even with this patient. The agency is happy we are able to provide this service to the patient, so she can lead a semblance of a normal life and not have to live like a hermit.

Also, I know agencies have questions and issues about dealing with patients that are dually eligible and getting services from Medicaid. In general, though, I think it's better for patients to get the services paid through Medicare when it is appropriate. Under the demonstration, patients can get the services they need, live their life to the fullest and keep their independence without getting put in the position of having to "spend down" their savings to make themselves eligible for Medicaid.

My agency embraces keeping people at home while providing quality health care to maintain the highest level of independence attainable. I hope the Home Health Independence program will be adopted and that it will continue permanently.

(Hello!, continued from page 1)

**What can we do?** Help get the word out to eligible beneficiaries! CMS has developed outreach brochures to let beneficiaries and others know about the demonstration - and they are now ready for distribution. If you could use some

brochures to distribute to beneficiaries or caregivers with whom you interact, please contact us at

[HomeHealthIndependence@abtassoc.com](mailto:HomeHealthIndependence@abtassoc.com)

Or at 1-888-HHDEMO-5 (1-800-443-3665).

## FAQ's

*In this section, we review some of the questions that have been raised about the demonstration.*

### Q. Can a beneficiary enroll in the demonstration mid-episode?

A. A patient who is already receiving Medicare home health services can enter the demonstration if (a) the patient's physician provides the certification that the beneficiary meets the demonstration eligibility criteria and (b) the home health agency places "HHDEMO" in the remarks field on the final claim for the episode (even though it was not on the Request for Anticipated Payment (RAP). The date of demonstration participation will be set to the start date of the episode (or October 4, 2004, whichever is later). The HHA is encouraged (but not required) to cancel the RAP and submit a new one with "HHDEMO" in the remarks field so that the patient's enrollment in the demonstration will be documented in CMS's files as quickly as possible.

### Q. What if an agency has recently discharged a demo-eligible patient from Medicare to private pay because they were not homebound? Can we "undo" the discharge and enroll the beneficiary in the demonstration? Or do we need to start a new episode going forward and enroll the beneficiary?

A. If the beneficiary was eligible for Medicare home health services under the demonstration at the time of the discharge, the provider can submit an adjustment to change patient status and "undo" the discharge. [See the previous question about procedures for enrolling a patient in the middle of an episode]

### Q. What should an agency do if they submitted the episode claim (bill type 329) on a demonstration patient and forgot to enter HHDEMO in the remarks field?

A. Since the RAP is effectively canceled by the episode claim, the claim that is left in the system does not have HHDEMO and there is no record of the patient being enrolled. The provider should file an adjustment (bill type 337 or 327) to add HHDEMO to the remarks field, using condition code "D9" ("other changes") and putting a note in the remarks field to indicate the reason for the adjustment (e.g. "Adjusting claim to add HHDEMO code in Remarks field to identify beneficiary as Home Health Independence demonstration participant"). If filing electronically, the agency should use an Adjustment Reason Code of "RM". The home health agency does not need to cancel the episode claim and refile it.

### Q. What should an agency do if they enrolled the patient in the demonstration and failed to enter HHDEMO on the RAP?

A. Since RAPS cannot be adjusted, the home health agency should cancel and resubmit the RAP.

### Q. The demonstration eligibility requirements state "an attendant is required to visit the beneficiary on a daily basis to monitor and treat the beneficiary's medical condition or to assist the beneficiary with activities of daily living". Does an agency have to provide daily aide visits to the beneficiary?

A. No, the home health agency does not have to provide daily aide visits. To meet this requirement, the beneficiary must require daily in-person attention from another person "to monitor and treat the beneficiary's medical condition or to assist the beneficiary with activities of daily living"; this can be assistance provided by a spouse, family member, friend, or neighbor, as well as paid help (from an agency or privately hired) or volunteers from a "friendly visitor" or similar type of program.



### Q. Does the home health agency have to provide daily nursing visits?

A. No, the legislation's eligibility criteria state that "the beneficiary requires skilled nursing services for the rest of the beneficiary's life and the skilled nursing is more than medication management". The home health agency does not have to provide daily skilled nursing visits, but the person must have a foreseeable need for skilled nursing for the rest of his/her life (e.g., chronic or terminal condition).

### Q. Does the home health agency have to provide care to the beneficiary for the rest of his/her life?

A. The beneficiary's length of stay on Medicare is still governed by all existing Medicare eligibility and coverage requirements *except* for those regarding absences from the home, which are waived under the demonstration through October, 2006.

Additional FAQ's are available on the demonstration website at: <http://www.cms.hhs.gov/researchers/demos/FAQ101404.pdf>

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### We're on the Web!

See us at:

[http://cms.hhs.gov/  
researchers/demos/  
homehealthindependence.asp](http://cms.hhs.gov/researchers/demos/homehealthindependence.asp)

## Getting the Word Out!

A big challenge in starting up a new program like the Home Health Independence Demonstration is making sure the people who might benefit from it know about it! Here are some of the strategies being used:

- CMS is distributing hundreds of thousands of brochures with the byline "Receiving Medicare home health care doesn't mean you have to be a shut-in!"
- Notices about the demonstration are being included in the Medicare Summary Notices (MSN) that are mailed to every Medicare beneficiary who uses home health services in the three demonstration states.
- A home health agency in Colorado (*Personal Assistance Services of Colorado [PASCO]*) has printed up and distributed its *own* brochures about the demonstration, using the phrase "There's no place like home...but getting out is even better!"
- Also in Colorado, thousands of brochures about the demonstration are going to be distributed with "Meals on Wheels" deliveries.

Do you have any creative ideas about how to "get the word out" to beneficiaries and caregivers? Let us know at [HomeHealthIndependence@abtassoc.com](mailto:HomeHealthIndependence@abtassoc.com) or at 1-888-HHDEMO-5 (1-800-443-3665).

### (Conference Call Highlights.

*continued from page 2)*

#### Issue:

*How will the demonstration coordinate with the state Medicaid Waiver Program?*

#### Discussion:

If a patient receives custodial personal care support services through a state program, this is considered a different service, not covered by Medicare or duplicative of Medicare home health services, so the patient can continue to receive their personal care support and also participate in the Demonstration.

#### Issue:

*What happens to patients once the Demonstration is over?*

#### Discussion:

Once the demonstration is over, beneficiaries will be subject to the Medicare eligibility and coverage rules then in effect, including those regarding consideration of the duration, frequency, and nature of absences from the home when assessing eligibility for home health services. Note that, when assessing the patient for post-demonstration services, the HHA cannot use historical patterns of leaving the home during the demonstration to evaluate whether or not an individual is currently homebound and eligible for Medicare home health care services.

## Medicare

### Home Health Independence Demonstration

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